PTO/SB/81 (01-04) oved for use through 11/30/2011. OMS 0651-0035 mark Office; U.S. DEPARTMENT OF COMMERCE tion unless it displays a valid OMS control number. Under the Papenwork Reduction Act of 1995, no persons are required to respond to a collection of informa-10/533,583 June 30, 2004

| REVOCATION OF POWER OF ATTORNEY | | First Named Inventor | Aktyo | Aktyoshi Okamoto et al. | |
|---|---|---|-----------------|--|--|
| | POWER OF ATTORNEY | Title | Syste | System for Preventing UnauthorizedUse of | |
| AND CHANGE OF CORRESPONDENCE ADDRESS | | Art URR | | | |
| | | Examiner Name | | JWAVE 10.002 | |
| | | Altorney Docket Num | ber JWAV | | |
| I hereby revoke all | previous powers of attorney given i | n the above-identifie | d applicat | lon. | |
| | mey is submitted herewith. | | | | |
| Number as mylo identified above. | Prectitioner(s) essociated with the following for attorney(s) or agent(s) to prosecute the s, and to transact all business in the United 9 Office connected therewith: | pleation 4000/G | | 48008 | |
| | Practitioner(s) named below as mylour atto names in the United States Patent and Trac | rney(s) or agent(s) to pro femark Office connected | eacute the a | pplication identified above, and | |
| Practitioner(s) Name Michael A. Hurr | | Registration Number | | | |
| | | 42,722 | | | |
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| | | | | | |
| The address associated with the above-mentioned Customes OR | | 48008 | |] | |
| Address | 59 Damonte Ranch Parkwey, Suite B Box 370 | | | | |
| City | Reno | State NV | | Zio 895221 | |
| Country | US | | | | |
| Telephone | 775.624.8700 | Email M | ck@kipg.c | xom | |
| | or. ed of the antire interest. See 37 CFR 3.71. 37 CFR 3.73(b) (Form PTO/SEAR) submit | led herewith or filled on | | | |
| | SIGNATURE of Appl | icent or Assignee of Re | cord | | |
| Signature | Yutaka Kawara | | Date | Feb. 16. 2010 | |
| Name | Yutaka Kawano | | Telephone | 81-6-4302-5/53 | |
| Title and Company | Attorney at law | | | | |
| MOTE: Signatures of all to algorithms is required, see to | a inventors or seeignees of record of the entire in gloss*. | breat or their representative | s) are required | . Submit multiple forms if more than one | |
| Total of1 | forms are submitted. | | | | |

Application Num

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POWER OF ATTORNEY

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